Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

945	945 Annual Return of Withheld Federal Income Tax											
Tomi C 10	900 <i>1</i>											
Department of the Treasury Internal Revenue Service												
mema nevenue cervice	IRS USE ONLY											
Enter state code	Name (as distinguis	hed from trade name)	Calendar year		Т							
for state in					FF							
were made only	which deposits were made only Trade name, if any Employer identification number (EIN)											
if different from state in address	, .				FP I							
to the right ▶	Address (number and street)											
(see the separate	1	65			Т							
		8 8 8 8 8 8 8 8	9 9 9 9	3 3 3 3 4 4	4 5 5 5 5							
A If you do not have to file returns in the future, check here ▶ □ and enter date final payments made ▶												
1 Federal incom	ne tax withheld from p	pensions, annuities, IRAs	, gambling winnings	, etc <u>1</u>								
2 Backup withh	olding			2								
3 Adjustment to	correct administrativ	re errors (see separate in	structions)									
4 Total taxes.												
5 Total deposits												
6 Balance due												
7 Overpaymen	t. If line 4 is less than	line 5, enter overpayme	nt here ▶ \$	ar	nd check if to be:							
		Applied to next return	or Refund	ded								
• All filers: If line 4	Lis less than \$2,500	do not complete line 8 d										
• Semiweekly sch	edule depositors: Co	omplete Form 945-A and lete line 8, entries A thr	d check here if line									
8 Monthly Sum	mary of Federal Tax	Liability. (Complete For		you were a semiweekly I								
A lan :	-	F 1	Tax liability for month	- K. Na	Tax liability for month							
A January B February		F June		K November L December								
C March		H August										
D April		I September,		M Total liability for year (add lines								
E May		J October		through L)								
Third-Party	nt to allow another person	to discuss this return with the IF	RS (see separate instruction	ons)? Yes. Comple	te the following.							
Designee Designee's name		Phone no. ▶ ()		Personal identification	on Distriction							
Under pen		at I have examined this return, in	cluding accompanying sc									
Sign and belief, Here Signature	it is true, correct, and com	Prir	nt Your ne and Title ▶	D	ate ▶							

Form 945-V Payment Voucher

Purpose of Form

Complete Form 945-V if you are making a payment with Form 945, Annual Return of Withheld Federal Income Tax. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and make a payment with that return, please provide this payment voucher to the return preparer.

Making Payments With Form 945

Make a payment with your 2004 Form 945 only if:

- Your total taxes for the year (line 4 on Form 945) are less than \$2,500 and you are paying in full with a timely filed return or
- You are a monthly schedule depositor making a payment in accordance with the *Accuracy of Deposits Rule*. (See section 11 of Pub. 15 (Circular E), Employer's Tax Guide, for details.) This amount may be \$2,500 or more.

Otherwise, you are required to deposit the amount at an authorized financial institution or by electronic funds transfer. (See section 11 of Pub. 15 (Circular E) for deposit instructions.) Do not use the Form 945-V payment voucher to make Federal tax deposits.

Caution: If you pay amounts with Form 945 that should have been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15 (Circular E).

Specific Instructions

Box 1—Employer identification number (EIN). If you do not have an EIN, apply for one on Form SS-4, Application for Employer Identification Number, and write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 945.

Box 3—Name and address. Enter your business name and address as shown on Form 945.

- Enclose your check or money order made payable to the "United States Treasury." Be sure also to enter your EIN, "Form 945," and "2004" on your check or money order. Do not send cash. Please do not staple this voucher or your payment to the return (or to each other).
- Detach the completed voucher and send it with your payment and Form 945 to the address provided in the separate Instructions for Form 945.

Note: You **must** also complete the entity information above line A on Form 945.

▼ Detach Here and Mail With Your Payment and Tax Return. ▼											
Form 945-V		Payment Voucher			OMB No. 15	OMB No. 1545-1430					
Department of the Treasury Internal Revenue Service		Use this voucher when making a payment with your return.		2004)4					
Enter your employer identification number (EIN)		2	Enter the amount of your payment▶	Do	ollars	Cents					
		3	Enter your business name (individual name if sole proprietor). Enter your address. Enter your city, state, and ZIP code.								